



\$143

SEP 22 2005

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----------|------------------------|--------------|
| | | Application Number | 09/866,030 |
| | | Filing Date | May 25, 2001 |
| | | First Named Inventor | Bhullar |
| | | Art Unit | 1743 |
| | | Examiner Name | Siefke |
| Total Number of Pages in This Submission | 6 + Ref. | Attorney Docket Number | RDID 0090 US |

ENCLOSURES (Check all that apply)

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Two References |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Return-Receipt Postcard (1pp) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|-------|
| Firm Name | The Law Office of Jill L. Woodburn, LLC | | |
| Signature | | | |
| Printed name | Jill L. Woodburn | | |
| Date | September 20, 2005 | Reg. No. | 39874 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|------------------|------|--------------------|
| Signature | | | |
| Typed or printed name | Jill L. Woodburn | Date | September 20, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

| | |
|----------------------|--------------|
| Application Number | 09/866,030 |
| Filing Date | 05-25-2001 |
| First Named Inventor | Bhullar |
| Examiner Name | Siefke |
| Art Unit | 1743 |
| Attorney Docket No. | RDID 0090 US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2958 Deposit Account Name: Roche Diagnostics

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) 50 Fee (\$) 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): information disclosure statement

Fees Paid (\$)

180

SUBMITTED BY

| | | | |
|-------------------|-------------------------|--|------------------------|
| Signature | <u>Jill L. Woodburn</u> | Registration No. (Attorney/Agent) 39874 | Telephone 219-764-4005 |
| Name (Print/Type) | Jill L. Woodburn | | Date 09-20-2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Docket No. RDID 0090 US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: BHULLAR et al.

Serial No.: 09/866,030

Filed: May 25, 2001

For: BIOSENSOR

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Supplemental Information Disclosure Statement

Sir:

This supplemental statement is filed in the application identified above pursuant to 37 C.F.R. §1.56 and in compliance with the requirements of 37 C.F.R. §1.98. The references listed on the attached form were cited in a communication received from the Japanese Patent Office. The Examiner's attention is called to the references listed on the attached form.

No representation is intended that a complete search has been made of the prior art or that better art references are not available. The filing of this supplemental statement shall not be construed to be an admission that the information cited in this statement is, or is considered to be, material to patentability as defined in §1.56 (b).

It is not believed that fees are due in connection with this Statement, however if necessary, please change all fees due in connection with this supplemental disclosure statement to Deposit Account No. 02-2958 with reference to (RDID 0090 US)

Respectfully submitted,

The Law Office of Jill L. Woodburn, L.L.C.

09/23/2005 SHASSEN1 00000052 022958 09866030
01 FC:1806 180.00 DA

September 20, 2005

Date

Jill L. Woodburn
Jill L. Woodburn
Registration No. 39,874



U.S. Department of Commerce
Patent and Trademark Office

ATTY DOCKET NO.
RDID 0090US

SERIAL NO.
09/866,030

APPLICANT
Bhullar et al.

FILING DATE
May 25, 2001

GROUP
1743

INFORMATION DISCLOSURE STATEMENT

| *Examiner Initial | | Document Number | Date | Name | Class | Subclass | Filing Date if Appropriate |
|-------------------|--|-----------------|------|------|-------|----------|----------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |

FOREIGN PATENT DOCUMENTS

| | | Document Number | Date | Country | Class | Subclass | Translation Yes No |
|----|--|-----------------|----------|---------|-------|----------|--------------------|
| 12 | | 01-291153 | 11-22-89 | JP | G01N | 27/28 | Yes abstract |
| 13 | | 04-264246 | 09-21-92 | JP | G01N | 27/327 | Yes abstract |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |

OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, etc.)

| | | |
|----|--|--|
| 17 | | |
| | | |
| 18 | | |
| | | |
| 19 | | |
| | | |

Examiner

Date Considered

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609.
Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.